PTO/SB/06 (08-00)
Approved for use through 10/31/2002. OMB 0651-0032
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to a collection of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Uhm 04-1 OTHER THAN **CLAIMS AS FILED - PART I** SMALL ENTITY OR **SMALL ENTITY** (Column 2) (Column 1) **FOR** NUMBER FILED NUMBER EXTRA **RATE** FEE RATE FEE **BASIC FEE** \$385 OR (37 CFR 1.16(a)) **TOTAL CLAIMS** 0 minus 20 = OR (37 CFR 1.16(c)) INDEPENDENT CLAIMS U minus 3 =OR (37 CFR 1.16(b)) = MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR ■ If the difference in column 1 is less then zero, enter "0" in column 2 TOTAL OR TOTAL CLAIMS AS AMENDED - PART II **OTHER THAN SMALL ENTITY** OR **SMALL ENTITY** (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT **RATE** TIONAL **RATE** TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE **AMENDMENT** PAID FOR OR Total Minus (37 CFR 1.16(c)) OR Independent \*\*\* Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL. OR ADDIT. FEE (Column 1) ADDIT. FEE (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL TIONAL RATE AMENDMENT AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) Minus OR Independent \*\*\* Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADDIT. FEE (Column 1) ADDIT FEE (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** RATE TIONAL RATE TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total \*\* Minus = OR Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

Any comments on the amount of time you are required to complete this form should be sent to the Chief information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

OR

ADDIT. FEE

ADDIT, FEE